## 2010 MADISON COUNTY UNIFIED COURT JURY QUESTIONAIRE

Juror Number: **UJ** 

## **Court Order To:**

You are hereby ordered to answer and return this jury questionnaire within 10 (ten) days. Failure to do so, without good cause, may subject you to a possible contempt of court.



«FirstName» «LastName» «Suffix»
«AddressLine1»
«City», «StateCode» «Zip»

Return to:
UJ «JurorNumber»
MADISON COUNTY UNIFIED COURT
MADISON GOVERNMENT CENTER
16 E 9TH ST BOX 417
ANDERSON, IN 46016-9928

Please complete only if your nai	me and/or address have changed CINK*		H ST BOX 417 SON, IN 46016-992	8
Name				
Change of Address				
Last 4 digits of Social Se	ecurity Number (required):	Date of Birth:		
Home Phone:	Mobile Phone:	Employe	er Phone:	
	<b>QUALIFICATIONS:</b>			
Are you a citizen of th	e United States?		Yes □	No □
Are you a resident of I	Madison County?		Yes □	No □
Are you under the age	e of 18?		Yes □	No □
Do you read, write, sp	eak and understand the English la	nguage?	Yes □	No □
•	nce imposed for a felony offense?		Yes □	No □
Are your voting rights	revoked?		Yes □	No □
Are you under a guard	lianship for mental incapacity?		Yes □	No □
Are you sole caregiver	for a disabled person living in you	ur home?	Yes □	No □
Do you suffer from a r	mental or physical disability?		Yes □	No □
Are you age 75 or olde	er and willing to serve?		Yes □	No □
from the State of obtaining (for serve as a juro and provided w	ionnaire, <b>NOT</b> a summons for jure's list of residents in Madison Court Court USE only) some information or pursuant to state law. If we find with additional information at that THE PENALTIES OF PERJURY THAT THE	nty. You are being consident on about you from which I you can serve as a juro time.	dered for jury ser we can determin r, you will be not	vice. This is a way e whether you can ified by summons,
SIGNATURE			DATE	
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## **Madison County Unified Court**

## Jury Questionnaire \*ORDER TO COMPLETE WITHIN 10 (TEN) DAYS\*

\*Please print and use black ink\*

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